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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005095

1. Corporation Name

CALVARY CHAPEL CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

28651 FAIRWEATHER DR
 WESLEY CHAPEL FL 33543

Mailing Address

28651 FAIRWEATHER DR
 WESLEY CHAPEL FL 33543



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3405811	
City, & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

9. Name and Address of Current Registered Agent

HOLM, MICHAEL A
 28651 FAIRWEATHER DR
 WESLEY CHAPEL FL 33543

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLM, MICHAEL A	1.2 NAME	TAMMY ULLRICH
STREET ADDRESS	28651 FAIRWEATHER DR	1.3 STREET ADDRESS	317 SYDNEY WASHER RD
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	1.4 CITY-ST-ZIP	DOVER FL 33527
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUGHMAN, CURTIS H	2.2 NAME	TOMMY MARK COMPTON
STREET ADDRESS	24121 LAND DR	2.3 STREET ADDRESS	2315 WOOTEN ROAD NORTH
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	DOVER FL 33527
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVORE, ROBERT L	3.2 NAME	DAVID SWEAT
STREET ADDRESS	2217 RAY RD	3.3 STREET ADDRESS	2429 SYDNEY DOVER RD.
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	DOVER, FL 33527
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRUBAUGH, WILLIAM A	4.2 NAME	BRAD NAFFZIGER
STREET ADDRESS	37123 SEABREEZE WAY	4.3 STREET ADDRESS	423 EAST COUNTYLINE RD.
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	4.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

3/7/99

Date

813-752-6508

Daytime Phone #

CR2E037 (11/98)